## Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>3/3/2010</u>	Address:	7654 Ford Ridge Rd
Case #:	<u>96-04906</u>		Nashville, IN
County:	Brown		
Type of Laboratory Seizure (check one) Seizure Location (check all that apply)			
Chemic	onal Lab cal/Glassware/Equipment (only) ite (only)	Residence Outbuilding Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:
Check all th ☐ Lithium ☐ Red Pho ☐ Flamma ☐ Water F	nd: Location (bedroom, kitchen, open ain apply)  n/Ammonia Reaction(s):  osphorous/Iodine Reaction(s):  able Solvents: House Reactive Metal (Lithium): House  rous Ammonia: Open air	r, etc)	
Hydrochloric Acid Gas Generator(s): House			
☐ Corrosive Acid: House ☐ Corrosive Base:			
	tem and location):		
Child under age 18 discovered (check one)  Yes (number present)  No  *If yes, fax report to Child Protective Services		Investigative Information ☐ Ephedrine/Pseudoephedrine Tracking Log ☐ Retail/Merchant Tip ☐ Other: Warrant	
This repor	t is to be faxed to the following agen	cies that serve the l	ocation:
Fire Depart	ment: <u>FD</u>	Fax: Hand Delivered	
Health Department: <u>Brown Co</u>		Fax: <u>812-9</u> Fax:	
Child Prote	ection Service:		•
For further information regarding this methamphetamine laboratory, contact Investigating Officer: Jon L. Patrick Phone 812-332-4411			

<sup>\*\*</sup> This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

<sup>\*\*\*</sup> This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.